



HOOSIER HOMESTEAD NEWSPAPER PRESS RELEASE

State Form 50246 (R2 /4-03)

Please review the following information. It will be used to personalize your certificate. If any information is incorrect, please call us at 317/232-1360.

County:

Award Name:

Farm Origin Date:

List all family members who will be in the picture taken at the ceremony.

_____	_____
_____	_____
_____	_____
_____	_____

☐ Please check box if your family will not be able to attend the award ceremony.

MEDIA INFORMATION

We will send a copy of your photograph taken at the award ceremony to one (1) newspaper of your choice. Please furnish the information below:

Name of Newspaper: _____

Contact Person: _____

Address: _____

City: _____ State: IN Zip Code: _____

Telephone Number: (____) _____



Return completed form to:

Hoosier Homestead Award Program
Office of the Commissioner of Agriculture
ISTA Center - Suite 416
150 West Market Street
Indianapolis, Indiana 46204-2810